ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. ICC Office Use Only InSITE Solutions LLC Application for a certificate of interexchange: authority to operate as a facilities based carrier of telecommunications services throughout the State of Illinois.

APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER

(Use additional sheets as necessary.)

GENERAL						
1.	Applicant's Name(including d/b/a, if any) FEIN # 03-0485028					
In	InSITE Solutions LLC d/b/a InSITE Fiber of Illinois					
Ad	dress: Street 3 Muir Woods Court					
Ci	y Annapolis State/Zip Maryland 21403					
2.	Authority Requested: (Mark all that apply) _X_13-403 Facilities Based Interexchange					
	13-404 Resale of Local and/or Interexchange					
	13-405 Facilities Based Local					
3.	Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-40 waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.	4,				
	X_Part 710 Uniform System of Accounts for Telecommunications Carriers Please see Exhibit D attached.					
	Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois	Э				

State of Illinois

	Section 735.180 Directories
	Other
4.	For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
	 (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document; (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5.	In what area of the state does the Applicant propose to provide service?
_E	ntire State
6.	Please attach a sheet designating contact persons to work with Staff on the following: a) issues related to processing this application b) consumer issues c) customer complaint resolution d) technical and service quality issues e) "tariff" and pricing issues f) 9-1-1 issues g) security/law enforcement Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.
Ρŀ	ease see Exhibit A attached.
	Please check type of organization? Individual Corporation Partnership Date corporation was formed In what state? Maryland X Other (Specify) Limited Liability Company
8.	Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. Please see Exhibit B attached.
9.	List jurisdictions in which Applicant is offering service(s).
Ne	w York State <u>Virginia</u>
<u>M</u> a	aryland
10.	Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name? YES (Please provide details)XNO
	110 (1 lease provide devails)x 110

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?
YESXNO
If YES, describe fully.
12. Has Applicant provided service under any other name?
_X_YESNO
If YES, please list. Currently in New York State as InSITE Distributed Antenna System Solutions; In Virginia as InSITE Fiber of Virginia, Inc.; In Maryland as InSITE Solutions LLC.
13. Will the Applicant keep its books and records in Illinois? YESX NO If NO, permission pursuant to 83 Ill. Adm. Code Part 250 needs to be requested.
MANAGERIAL
14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. Please see Exhibit C attached.
15. List officers of Applicant.
Michael Davis, Chief Financial Officer
Andrew Nanaa, Chief Technical Officer
16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services?YES _XNO
If YES, list entity.
17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)
Billing is by Master Facilities Use Agreement contract with each customer billed on a monthly basis.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

InSITE responds to customer network monitoring center callout. Response times are governed by individual case basis contracts with the customer. Calls are handled by a local technician with senior management being notified at initial callout and every four hours until service is restored. Additional crews are called out depending on the size and severity of the outage incident.

Customers will be notified that they may contact the Commission for assistance in three ways; (1) when a customer completes a service contract with InSITE they will be notified of the complaint resolution procedure including Commission information; (2) when a customer contacts InSITE with a service related issue they will be informed of their right to contact the Commission for further assistance and; (3) InSITE's web site will contain complaint resolution information including how to contact the Commission.

19.	Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?X YES NO
20.	What telephone number(s) would a customer use to contact your company?
	877-598-9291
21.	Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?
	XYESNO
22.	Please describe applicant's procedures to prevent slamming and cramming of customers? N/A
23.	If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?
	X YES NO (If no, please provide an explanation.)
24.	Is Applicant aware that it must file tariffs prior to providing service in Illinois?
	X YES NO
FIN	JANCIAL
25 .	Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. Please see Exhibit D attached.
TE	CHNICAL
26.	Does Applicant utilize its own equipment and/or facilities?XYESNO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that App possesses the necessary technical resources to deploy and maintain said facilities:	licant
InSITE will utilize ADC electronic equipment that is installed and serviced by ADC. Batte will provide maintenance and replacement of backup battery supplies. Fiber optic cabl built on an as needed basis and attachment and maintenance agreements will be execu incumbent pole and conduit owners.	e will be
If NO, which facility provider(s)'s services does the Applicant intend to use?	
27. Please describe the nature of service to be provided (e.g., operator services, internet, de long distance service, data services, local service, prepaid local service).	bit cards,
Please see Exhibit E attached.	
28. Will technical personnel be available at all times to assist customers with service probleXYESNO	ems?
29. If Applicant intends to provide payphone service, will the equipment utilized comply will requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 of 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" open dialing without use of a coin; (c) rules governing use of payphones by disabled persons; to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a explaining the telephone's general operations, dialing instructions for emergency assist payphone owner's name, method of reporting service problems and method of receiving faulty calls? N/A YES NO	on June ator (d) ability message ance,
(Signature of Applicant)	

VERIFICATION

This application shall be verified under oath.

OATH

State of PA)ss County of Bucks
Andrew Nanaa makes oath and says that he is a Managing Member and the Chief Technical Officer of InSITE Solutions LLC dba InSITE Fiber of Illinois and that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein. (Signature of affiant)
Subscribed and sworn to before me, a Notary Public/ Peul F. Morgenthaler Jr (Title of person authorized to administer oaths) in the State and County above named, this 29 day of March 2005
(Signature of person authorized to administer oath)

Notarial Seal
Paul F. Morgenthaler Jr., Notary Public
Yardley Borough, Bucks County
My Commission Expires July 6, 2006